

8-16-04

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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45						
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47						
48						
49						
50						
Total Indep	8					
Total Depend	38					
Total Claims	46					

		811000				
	Indep	Depend	Indep	Depend	Indep	Depend
51		1		1		
52						
53	=====	=====	=====	=====		
54	=====	=====	=====	=====		
55	=====	=====	=====	=====		
56	=====	1	=====	1		
57	=====	=====	=====	=====		
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97						
98						
99						
100						
Total	8		8			
Total	38		38			
Depend						
Total	46		46			
Claims						

Best Available Copy

09515101

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)**

APP. NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
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TOTAL NO.						
TOTAL DEF.						
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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96						
96						
97						
98						
99						
100						
TOTAL NO.	6		11		8	
TOTAL DEF.	51		42		38	
TOTAL	57		53		46	